HIV/AIDS HEALTH PROFILE

HIV and AIDS Estimates	
Total Population*	65 million (mid-2007)
Estimated Population Living with HIV/AIDS**	580,000 [330,000-920,000] (end 2005)
Adult HIV Prevalence**	1.4% [0.7-2.1%] (end 2005)
HIV Prevalence in Most-At-Risk Populations**	Female Brothel-Based Sex Workers: 7.7% (2005) Female Non-Brothel-Based Sex Workers: 4.2% (2005) IDUs: 30–50% (2007) MSM: 28.3% (Bangkok), I5.3% (Chiang Mai), 5.5% (Phuket) (2005)
Percentage of HIV-Infected People Receiving Antiretroviral Therapy***	88% (end 2006)

*US Census Bureau ***UNAIDS ****WHO/UNAIDS/UNICEF Towards Universal Access, April 2007

After Thailand's first case of HIV/AIDS was reported in 1984, the incidence of infection increased steadily in the country. In 1991, the government adopted a strategy to combat the disease, and in recent years, the number of new infections has declined. However, HIV prevalence had remained the same from 2003 to 2005 (1.4 percent) with more people receiving antiretroviral therapy (ART).

Thailand's early cases of HIV/AIDS occurred primarily among men who have sex with men (MSM). The virus then spread rapidly to injecting drug users (IDUs), followed by sex workers and their clients. Between 2003 and 2005, there were increases in HIV prevalence from 17 to 28 percent among MSM in Bangkok. In addition, prevalence among IDUs still ranges from 30 to 50 percent. In 2005, more than 40 percent of new infections were among women, the majority of whom were infected through intercourse with long-term partners. Violence and a low level of condom use due to women's inability to negotiate safe

sex are factors responsible for the spread of HIV among this group. Although the prevalence of HIV/AIDS in Thailand has declined, the epidemic has moved to the general population, and there is a greater need to match prevention efforts with recent changes in the epidemic.

Several factors put Thailand at risk of a resurgence of HIV/AIDS cases. Awareness of HIV status is low. For example, 80 percent of HIV-positive MSM had never been tested or thought they were HIV-negative, according to a 2006 study cited by UNAIDS. A large portion of IDUs – 35 percent according to one study – use nonsterile injecting equipment. Other research has noted an increased trend of erratic condom use by female sex workers. In some cases, women selling sex reported using a condom in just over one half of commercial sex encounters. Finally, premarital sex, once taboo, is increasingly common among young Thais, only 20 to 30 percent of whom use condoms consistently, according to the United Nations Development Program.

Thailand has a high tuberculosis (TB) burden, with a 63 new cases per 100,000 people in 2005, according to the World Health Organization. Approximately 7.6 percent of TB patients are co-infected with HIV, and HIV-TB co-infections pose a challenge to providing treatment and care for both diseases.

National Response

Thailand's initial response to the epidemic was weak. However, since the National AIDS Control Program was moved from the Ministry of Public Health to the Office of the Prime Minister in 1991, the country's HIV/AIDS prevention efforts have been recognized as among the world's most successful. The Ninth National Economic and Social Development Plan (2002–2006) emphasized the adoption of a human-centered approach to bring about reform through the public health system, especially the health care system. Thailand's policy on AIDS has worked toward educating its citizens on HIV/AIDS and prevention measures; developing a system of medical, public health, social, and consultation services to improve the quality of life of persons living with HIV/AIDS (PLWHA); developing medical biotechnology, medicine, and AIDS vaccination research; and working with all parties involved, such as the government and private sector, to prevent and alleviate the HIV/AIDS situation.

Thailand's HIV/AIDS activities include conducting a public education campaign targeting the general public and most-at-risk populations (MARPs), improving sexually transmitted infection (STI) treatment, discouraging men from visiting sex workers, promoting condom use, and requiring sex workers to receive monthly STI tests and carry records of the test results.



In 2004, Thailand received a third-round grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria to prevent HIV/AIDS among IDUs and increase care and support for them. Objectives of the grant are to train peer leaders within IDU communities; create harm-reduction centers; educate health care providers, police, prison staff, and policymakers; and provide peer-based outreach, education, counseling, referral services, and HIV testing support. The U.S. Government provides one-third of the Global Fund's contributions.

Since the change of government in 2006, Thailand has reinvigorated its HIV/AIDS prevention and control efforts. In 2007, Thailand adopted a three-year strategic plan that focuses on scaling up HIV prevention efforts, particularly for people most likely to be exposed to HIV and for difficult-to-reach populations. Early in 2007, the government announced that it was breaking patents on drugs to treat HIV. Thus, the government continues to strive for achieving universal access to treatment. As of the end of 2006, 88 percent of HIV-infected people were receiving ART, according to UNAIDS.

USAID Support

Through the U.S. Agency for International Development (USAID), Thailand in fiscal year 2008 received \$1.24 million for essential HIV/AIDS programs and services. USAID programs in Thailand are implemented in partnership with the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). The Emergency Plan is the largest commitment ever by any nation for an international

health initiative dedicated to a single disease. To date, the U.S. has committed \$18.8 billion to the fight against the global HIV/AIDS pandemic, exceeding its original commitmene`W" & SAIZ _ `gVc WgV j VRoZ

Reauthorized on July 30, 2008, the U.S. is continuing its commitment to global AIDS in the amount of \$39 billion for HIV/AIDS bilateral programs and contributions to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Working in partnership with host nations, the initiative will support antiretroviral treatment for at least 3 million people, prevention of 12 million new HIV infections, and care and support for 12 million people, including 5 million orphans and vulnerable children.

USAID's efforts in Thailand focus primarily on implementing an HIV prevention program that complements the Royal Thai Government's efforts on HIV treatment. USAID's Regional Development Mission for Asia (RDMA) HIV/AIDS programming includes the following components: scaling up comprehensive prevention programs for most-at-risk groups and PLWHA; increasing access to care, support, and treatment for HIV-infected and -affected individuals through referrals; encouraging the participation of civil society and promoting supportive policies and regulations; and making data more available and useful through improved collection and analysis methods.

USAID programs target PLWHA and MARPs, including IDUs, MSM, and commercial sex workers and their clients, and focus efforts in three "hotspots": Bangkok, Chiang Mai, and Chonburi (Pattaya). USAID implements communications campaigns to provide information and services related to HIV and STI prevention and care and treatment to MSM. Outreach activities take place in public places such as bars and schools and through the Internet to provide information about safer sex and services available at the drop-in centers and health facilities. Other activities include the development of drop-in centers for discussions on HIV/AIDS prevention, care, and counseling and HIV/AIDS prevention and care services for IDUs. Additional activities include home-based care to HIV-positive residents of Bangkok, prevention programming for HIV-positive individuals in northern Thailand, and income-generation activities to reduce stigma and discrimination for PLWHA.

Through PEPFAR, USAID works closely with other U.S. Government partners in Thailand, including the U.S. Embassy and Centers for Disease Control and Prevention, under a unified U.S. Government/Thailand HIV/AIDS strategy and operational plan. The strategy is centered on providing the Royal Thai Government and other partners with effective, high-quality intervention models that focus on MARPs and are linked to quality care and treatment for PLWHA. USAID's role under the strategy is to support partners at the community level in creating and implementing the minimum package of services model for most-at-risk groups. USAID also provides technical assistance to the Royal Thai Government.

Recent USAID successes in Thailand include:

- Reaching more than 53,000 people with behavior change interventions;
- Providing more than 1,605 people with counseling, HIV tests, and test results;
- Training nearly 700 people in HIV palliative care;
- Assisting 26 local organizations with HIV-related institutional capacity building;
- Expanding prevention coverage among MSM through a targeted media "sex alert" campaign;
- Initiating the quality assurance and quality improvement tool as well as providing training to implementing partners for MSM activities;

- Providing technical assistance for expansion of Prevention with Positives project in 29 Global Fund sites; and
- Completing a strategic assessment with recommendations for scaling up income generation and stigma and discrimination programs with PLWHA.

Important Links and Contacts

Regional Development Mission for Asia (RDMA)

GPF Towers, Tower A 93/1 Wireless Road Bangkok 10330 Thailand Tel: 662-263-7400 Fax: 662-263-7499

USAID HIV/AIDS Web site, Thailand:

http://www.usaid.gov/our_work/global_health/aids/Countries/ane/thailand.html

Mekong Regional HIV/AIDS Initiative Web site, http://www.usaid.gov/our_work/global_health/aids/Countries/ane/aneregion.html

For more information, see USAID HIV/AIDS Web site http://www.usaid.gov/our_work/global_health/aids

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